

Requirements for Licensure in the State of Arizona

The successful completion of the Jurisprudence Examination is a requirement of the State of Arizona Naturopathic Physicians Board of Medical Examiners for licensure. Arrangements to take the examination can be made by contacting the Board office.

A.R.S. § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States. The completion of the Submission Status form is required.

Pursuant to A.R.S. 32-1522

A. To be eligible for a license to practice naturopathic medicine pursuant to this chapter, the applicant shall:

- (1) Be a graduate of **an approved school** of naturopathic medicine.
- (2) Have satisfactorily completed an approved internship, preceptorship or clinical training program in naturopathic medicine.
- (3) Possess a good moral and professional reputation.
- (4) Be physically and mentally fit to practice as a doctor of naturopathic medicine.
- (5) Not be guilty of any act of unprofessional conduct or any other conduct which would be grounds for refusal, suspension or revocation of a license under this chapter.
- (6) Not have had a license to practice any profession refused, revoked or suspended by any other state, district or territory of the United States or another country for reasons which relate to his ability to skillfully and safely practice as a physician in this state.
- (7) File a completed application pursuant to section 32-1524 and pass the examination provided for in section 32-1525

B The Board may:

1. Require an applicant to submit credentials or other written or oral proof.
2. Make investigations it deems proper to adequately advise the Board with respect to the qualifications of an applicant.

Check List for Applicant

- ☐ **Yes** ☐ **No** I have enclosed with this application a passport size photograph and have printed my name on the back of the photograph. **Photograph must have been taken within the last 60 days.**
- ☐ **Yes** ☐ **No** I have requested an **official copy of my naturopathic medical school transcript** showing graduation date issued by my naturopathic medical school.
- ☐ **Yes** ☐ **No** **I have enclosed with this application my fingerprint card completed by a fingerprint technician, along with the required fee.** The Board does not process fingerprint cards. That agency processes the card and transmits the card to the United States Department of Justice Federal Bureau of Investigation. That Bureau reads the fingerprints and provides a Criminal Justice Information Report to the Board. **A MONEY ORDER in the amount of \$24.00 payable to DPS is required by the applicant. This fee is not refundable.**
- ☐ **Yes** ☐ **No** I took and passed the Jurisprudence Examination on ____/____/____.
- ☐ **Yes** ☐ **No** I am including the fee (\$60) for the Jurisprudence Exam with this application. **This fee is not refundable.**
- ☐ **Yes** ☐ **No** I have made arrangements to take the Jurisprudence Examination offered on ____/____/____.
- ☐ **Yes** ☐ **No** I have completed the Pharmacology requirements as outlined in 32-1526 (G)
- ☐ **Yes** ☐ **No** **Citizenship /Alien Status Documentation Required State Law (A.R.S. § 1-501)**
All applicants must submit documentation regarding their citizenship/nationality/alien status with their application. See attached list **A & B** for specific documentation required.

Note: The fee for initial licensure is pro-rated per A.R.S. 32-1526 (k), in the amount of \$25.00 per month. This fee includes the month of Board acceptance and continues through the end of the year of initial issue. You will be notified in writing of the amount due when the Board accepts the application. Once the fee is received, the license will be issued.



State of Arizona
Naturopathic Physicians Board of Medical Examiners
"Protecting the Public's Health"

1400 W. Washington, Ste 230 ♦ Phoenix, AZ 85007
Voice Telephone: (602) 542-8242 ♦ FAX (602) 542-3093

APPLICATION FOR MEDICAL LICENSE

THIS APPLICATION AND ANY DOCUMENT SUBMITTED WITH THIS APPLICATION BECOMES THE PROPERTY OF THE STATE OF ARIZONA AND IS NOT RETURNED TO THE APPLICANT. FEES ARE NONREFUNDABLE.

Print or Type This Application – Incomplete and Unreadable Applications are Denied by the Board.

Alternative format of Submitting This Application

An individual with a disability who, as a result of that disability, requires this application in an alternative format may contact the Board's Americans with Disability coordinator at Voice Telephone Number (602) 542-3095, or through Voice Replay Service at (800) 842-4681 or the TTY Service at (800) 367-8939 to make the need known.

This Application is for:

1. ☐ Regular Medical License
2. ☐ Medical License by Endorsement from the State/Province of _____
3. ☐ As a candidate for License by Endorsement from the state listed above and pursuant to ARS 32-1522.01, I am requesting a temporary license be issued upon successfully passing the Arizona Jurisprudence exam. I understand a temporary license is valid until the last day of the month in which my application is presented to the Board for approval.

Applicant's Name: _____
Last First Middle

Business Mailing Address: _____ Apt # _____

Business Name: _____

City: _____, State/Province: _____ ZIP Code: _____

Business Phone: (____) _____ Business Fax: (____) _____

Home Address: _____ Apt # _____

City: _____, State: _____ Zip Code: _____

Daytime Telephone (____) _____ Other Telephone: (____) _____

Email Address: _____

Date of Birth: ____/____/____ Place of Birth: _____
City State/Province Country

Social Security Number _____ - _____ - _____

Citizen Status Declaration: Are you a United States Citizen? Yes ____ No ____ Attach a legible copy of the front and the back (if any) of a document from the attached **List A** that demonstrates U.S. citizenship. Name of document provided _____

If you answered NO to this question then complete the question below

Alien Status Declaration: Are you a legal resident authorized to work in the United States? Yes ____ No ____ Attach a legible copy of the front and the back (if any) of a document from the attached **List B** that evidences your status A.R.S. §1-501. Name of document provided _____

Gender ____ Male ____ Female Height: ____ Weight: ____ Hair Color: ____ Eye Color: ____

Medical School/Clinical Training Information

Medical School Graduation Date: ____/____/____

Name of School From Which Applicant Graduated: _____

Address of School From Which Applicant Graduated: _____
City State/Province/Country Postal Code

Clinical Training Completion Date: ____/____/____

Name of Clinical Training Facility: _____

Address of Clinical Training Facility: _____
City State/Province/Country Postal Code

Pursuant to A.R.S. 32-1525, an applicant for licensure in the State of Arizona must take and pass the North American Board of Naturopathic Examiners (NABNE) NPLEX examination.

- A. Part One: I took and passed the NABNE Basic Sciences Examination given on ____/____/____.
- B. Part Two: I took and passed the NABNE Clinical Science Examination given on ____/____/____.
- C. On ____/____/____, I requested my official NABNE transcripts to be sent directly to:

Naturopathic Physicians Board of Medical Examiners, 1400 W. Washington, Ste. 230, Phoenix, AZ 85007

List in Chronological order all colleges and universities attended, location, dates of attendance and credits or degree earned:
(If additional space is needed, attach a supplement to this application. Do not list your naturopathic college.)

College or University	Location	Dates of Attendance Years From - To	Credits or Degree Earned

List ALL licenses and certificates issued or denied by any licensing agency, location of the agency, status of the license or certificate and next renewal date: (If additional space is needed, attach a supplement to this application.)

Applicants are required to request each agency listed below to verify the status of the license or certificate. The document for requesting said information is enclosed with this application. It may be copied as needed.

Name of Licensing Agency	Location	Status of License or Certificate	Next Renewal Date

You are required to answer all of the following questions

- ☐ Yes ☐ No 1. Have you ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor?
- ☐ Yes ☐ No 2. Have you ever had a license/certificate, including a driver's license, denied, suspended, rejected or revoked by any agency?
- ☐ Yes ☐ No 3. Have you ever been disciplined by any agency for any act of unprofessional conduct as defined in Arizona Revised Statutes, Section 32-1501?
- ☐ Yes ☐ No 4. In lieu of disciplinary action by an agency, have you ever entered a consent agreement or stipulation with a licensing agency?
- ☐ Yes ☐ No 5. Do you have a complaint pending before any agency?
- ☐ Yes ☐ No 6. Have you ever been found guilty of being medically incompetent?
- ☐ Yes ☐ No 7. Have you ever been a defendant in any malpractice matter that resulted in a settlement or judgment?
- ☐ Yes ☐ No 8. Do you have any medical condition that in any way impairs or limits your ability to practice medicine?
- ☐ Yes ☐ No 9. Do you currently have a complaint or open investigation in which you are involved?

***An applicant is required to submit a written supplement to this application if the answer is Yes to any of the above questions. ** The Fact that a conviction and/or criminal offense has been pardoned, expunged or dismissed, or that your civil rights have been restored does not mean that you can answer "No" to the questions.**

The Criminal Justice Information Report received by the Board from the United States Department of Justice Federal Bureau of investigation is inclusive of all arrests including juvenile arrests even when records are expunged by a court of law. In a written supplemental statement to the Board, an applicant is required to list all arrests, pleas and convictions, jail or prison time served and any probation served. Failure to provide complete information for questions answered Yes on this page may require the applicant to appear before the Board for a personal interview.

☐ No ☐ Yes I submitted a written supplement to this application for the above questions.

Subscribed And Sworn To Before A Notary Public:

State of _____)

County of _____)

Print The Applicant's Full Name: _____ **being first**
duly sworn upon his or her oath deposes and says all of the following: I am the person named in this application. I have read and understand the contents of this application. The information contained in this application is true and correct to the best of my ability and the information submitted is without fraud, deceit or misrepresentation. I hereby authorize any hospital, institution, organization, personal physician, past or present employer, past or present business or professional associate or any local, state, federal or foreign governmental agency to release any information to the State of Arizona in connection with my application and state that a photocopy of this authorization shall have the same effect as the original. I also authorize the State of Arizona Naturopathic Physicians Board of Medical Examiners, or its successor, to release any information submitted by me, upon request, to the public or to any licensing agency, or to any other person, when such request is required or permitted by Arizona Revised Statutes. I acknowledge that any falsification in my application is cause to deny my application or for the Naturopathic Physicians Board of Medical Examiners to hold a hearing to revoke any naturopathic medical student internship, preceptorship or preceptorship training registration that is issued to me by the Board. I authorize the Board to tape record any application interview that is conducted of myself in regards to this application.

Signature of Applicant: _____

Subscribed and sworn to before me this _____ day of _____, 200_____

(OFFICIAL STAMP)

Notary Public Signature



State of Arizona Naturopathic Physicians Board of Medical Examiners

"Protecting the Public's Health"

Voice Telephone: (602) 542-8242 ♦ FAX (602) 542-3093

VERIFICATION REQUEST FORM

Notice to Applicant:

You are required to send this form to each statutorily appointed licensing agency or board that issued or refused to issue you a professional or occupational license or certificate in the practice of medicine or in any healing art. It is your responsibility to correctly identify yourself to that agency or board and pay them a fee, if any, for remitting the information to the State of Arizona.

Applicant Name: _____
Last First Middle

Applicant License,
Registration or Certificate Number: _____ SS# _____ / _____ / _____

I hereby authorize you to send directly to the state of Arizona the information requested herein

Signature _____ Date _____

Following Information to be Completed by the Licensing Agency or Board

Verification of License, Registration or Certificate

Is the person named above licensed, registered or certified by your Agency or Board? ☐ yes ☐ no

Name of the individual as it appears on the license, registration or certificate:

Check all that apply; ☐ license ☐ registration ☐ certificate

License, registration or certificate number _____ Initial date issued _____

___ Yes ___ No 1. Is the license, registration or certificate active

If **No**, attach the information to this document

___ Yes ___ No 2. Is an action pending or has any action been taking against the applicant?

If **YES** provide information regarding any action pending or taken against the applicant.

___ Yes ___ No 3. Was license, registration or certificate denied to this applicant?

Name of Agency or Board

Street City State Zip

Signature Title Date

Return this document to:

State of Arizona
Naturopathic Physicians Board of Medical Examiners
1400 W. Washington, Suite. 230 Phoenix, AZ 85007

Seal

EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS

LIST A: U.S. CITIZEN OR U.S. NATIONAL

Note: In this List, the term “Service” refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR §104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (“Interim Guidance”), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

- (1) An Arizona driver license issued after 1996 or an Arizona nonoperating identification license issued after 1996
- (2) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (3) United States passport;
- (4) A foreign passport with a United States visa.
- (5) A United States citizenship and immigration services employment authorization document or refugee travel document.
- (6) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (7) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (8) Form N-561, Certificate of Citizenship;
- (9) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (10) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (11) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- (12) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).
- (13) A tribal or bureau of Indian affairs affidavit of birth.

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (“Interim Guidance”), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a State-or jurisdiction-approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

c. Collective Naturalization

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

d. Derivative Citizenship

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make a determination of derivative U.S. citizenship:

Applicant born abroad to two U.S. citizen parents: Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent: Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth

Applicant born out of wedlock abroad to a U.S. citizen mother: - Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

e. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

f. U.S. Citizenship By Marriage

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

**LIST B: QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED
INTO U.S. FOR LESS THAN ONE YEAR**

The documents listed below that are registration documents are indicated with an asterisk ("*").

a. "Qualified Aliens"

Evidence of "Qualified Alien" status includes the following:

_ *I-94 Form with a photograph

Alien Lawfully Admitted for Permanent Residence

- *Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on *I Form I-94.

Asylee

- * Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- *Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
- * Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- * Form I-94 annotated with stamp showing admission under § 207 of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3"

Alien Paroled Into the U.S. for a Least One Year

- * Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld

- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
- * Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

Alien Granted Conditional Entry

- * Form I-94 with stamp showing admission under §203(a)(7) of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3."

Cuban/Haitian Entrant

- * Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on * Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

Alien Who Has Been Declared a Battered Alien or Alien Subjected to Extreme Cruelty

- U.S. Citizenship and Immigration Service petition and supporting documentation

b. Nonimmigrant

Evidence of "Nonimmigrant" status includes the following:

- * Form I-94 with stamp showing authorized admission as nonimmigrant

c. Alien Paroled into U.S. for Less than One Year

Evidence includes:

- * Form I-94 with stamp showing admission for less than one year under section 212(d)(5) of the INA